

**United States District Court
for the Western District of Tennessee**

ECF ATTORNEY REGISTRATION FORM

This form is used to register for an account on the Western District of Tennessee Electronic Filing System. Registered attorneys will be allowed to electronically submit documents in the Western District of Tennessee Electronic Case Filing (ECF). By registering, attorneys consent to receiving electronic notice of filings through the ECF System.

*****PLEASE NOTE THAT ELECTRONIC FILING AND NOTICING IS MANDATORY AS OF
JANUARY 1, 2006*****

Please **PRINT** the following information to register for ECF:

Last Name: _____ First Name _____ Middle Initial: _____

If appropriate select one: ☐ Senior ☐ Junior ☐ II ☐ III ☐ Other _____

Firm Name: _____

Address: _____

City, State _____ Zip Code: _____

Telephone: (____) _____ Fax Number (____) _____

E-mail Address for Electronic Service: _____

[If an attorney desires that ECF notices be sent to additional parties, this can be effectuated at a later date.]

Last Four Digits of Social Security Number: _____ (for security purposes)

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Western District of Tennessee pursuant to Local Rule 83.1(a).

State Bar Number: _____ Are you currently in good standing? Yes ☐ No ☐

If admitted pro hac vice: Date Motion Granted: _____ Case Number _____

LOGIN: _____

Your login name will be the last five digits of your state bar id and the initials of your first and last name.
Example: 55555CG

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings, except for original process, pursuant to Fed. R. Civ P 5(b) and 77(d) and Fed.R. Crim P. 49(b)-(d) via the Court's electronic filing system. The combination of login and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.

Signature/Date

MAIL FORM TO:

Venita Griffin

USDC – Clerk's Office

167 N. Main – RM 242

Memphis, TN 38103

OR

FAX to:

Venita Griffin

(901) 495-1250

Once your registration is complete, you will receive notification by email as to your login and password needed to access the system.

Check court webpage for current rules, fees, administrative orders, etc. at www.tnwd.uscourts.gov